

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Ordered Steps Learning Center Date: 3/6/25 Time: 1:30

Location Address: 110 Prospect St. St. 2+13 Stamford Telephone #: 203 524-5929

e-mail address: orderedstepsremote@gmail.com License #: 70756 Expiration Date: 5/31/28

Capacity: 26/11 # of Children Present: 15/8 # of Staff Present: 4

**Consent to Inspect Family Child Care Home** I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: Follow-up visit for X2024-4817 on 1/2/25

Observations/Corrections needed:

(S) 19a-79-10(d)(1)(A-C) Adequate sinks - regulation not met when portable sink was not observed in infant/toddler diaper area. No running water.

(S) 19a-79-9a(b)(3)(A-B) Permission for medication administration - Did not observe permission forms for a child with cetirizine and Epi-pen

(S) 19a-79-9a(b)(5)(D) Unused/expired medications - observed a medication on site for a child who no longer attends. Observed an expired epi-pen in a ziploc bag for a child who does attend - A valid medication was observed.

(S) **S = Substantiated**    **NS = Not Substantiated**    **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/20/2025

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Falasha Campbell  
(Person in Charge)  
Print Name: Falasha Campbell